

AUG 30 2006

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NAME:	FACSIMILE:	TELEPHONE:
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FROM: THOMAS E. CIOTTI**DATE: AUGUST 29, 2006**

Number of pages with cover page:	3	Originals Will Not Follow
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Comments:

Atty Docket No: 24615-20244.00
 Application Serial No.: 10/517,220
 Filed: May 14, 2003
 Inventors: Luppo EDENS *et al.*
 Art Unit: 1761
 Examiner: Not Yet Assigned
 Title: IMPROVED METHOD FOR THE PREVENTION OR REDUCTION OF
 HAZE IN BEVERAGES

Enclosed are the following documents:

1. Transmittal - 1 page
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/517,220
	Filing Date	May 14, 2003
	First Named Inventor	Luppo EDENS
	Art Unit	1761
	Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	Attorney Docket Number	246152024400

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature	<i>Thomas E. Clotti</i>		
Printed name	Thomas E. Clotti		
Date	August 29, 2006	Reg. No.	21,013

I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300) to the USPTO Commissioner for Patents at P.O. Box 1456 Alexandria, VA 22313-1140	
Dated: August 29, 2006	Signature: <i>Lindsay Seydel</i> (Lindsay Seydel)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/517,220
	Filing Date	May 14, 2003
	First Named Inventor	Luppo EDENS
	Art Unit	1761
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	248152024400

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☒ all the attorneys/agents of record.

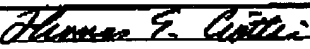
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or


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The reasons for this request are:

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Address	11 th Floor 901 North Glebe Road		
City	Arlington	State	VA Zip 22203-1808
Country	U.S.A.		
Telephone	(703) 816-4026	Email	bhd@nixonvan.com
Signature			
Name	Thomas E. Clotti	Registration No.	21,013
Date	August 29, 2006	Telephone No.	(650) 813-5702
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